

JAN 6 1942

Primary Registration District No. 0888

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Bates - Grandriver townshp  
(b) City or town Rural near Adrian  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Sixty years  
years, months or days)

3. (a) PRINT FULL NAME Julia Victoria Roberts

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George W Roberts 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March - 10 - 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Johnson County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Moses Ferguson

18. Birthplace Dont know not know  
(City, town, or county) (State or foreign country)

14. Maiden name Lizman not know

15. Birthplace Dont know not know  
(City, town, or county) (State or foreign country)

16. (a) Informant Roxah F Owen  
(b) Address Adrian, Mo

17. (a) Burial (b) Date thereof 12-13-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill

18. (a) Signature of funeral director Creath & Six  
(b) Address Adrian, Missouri  
(c) Dec 12-41 (d) Ethel C. Stephens  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates  
(c) City or town near Adrian (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Three miles East on 18 Highway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11<sup>th</sup>  
year 1941 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7  
20 - 1941 to 12 - 5 - 1941  
that I last saw him alive on 12 - 5 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 13a  
(include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Adrian, Mo (M. D. or other) MD  
Address Adrian, Mo Date signed 12-13-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2082

Date Filed 1-5-42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Fred J. Greath # 3343....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Adrian M.*

Licensed Embalmer No. 3650

P. O. Address *Adrian M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.